

2009 JUL 15 AM 11:43

FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

☒ (Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

California Association of Physician Groups
Federal Political Action Committee (CAPF Federal PAC)

ADDRESS (number and street)

915 Wilshire Blvd

☐ (Check if address
is changed)

Suite 1420

Los Angeles

CA

90017

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address
is changed)

wharcel@capf.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address
is changed)

www.capf.org

2. DATE

07/14/2009

3. FEC IDENTIFICATION NUMBER

C00461756

4. IS THIS STATEMENT

NEW (N)

OR

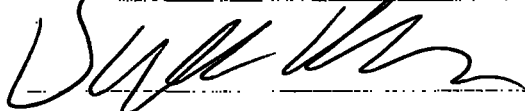
☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Donald Crane

Signature of Treasurer



Date

07/14/2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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